

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(USE WITH FORM PTO-875)

SERIAL NO.

10/527638

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		12					53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9		10					59						
10		10					60						
11		1					61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	5	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	11						TOTAL CLAIMS						